

State of California—Health and Human Services Agency
Department of Health Services



GRAY DAVIS
Governor

September 6, 2002

TO: PROSPECTIVE APPLICANTS

SUBJECT: REQUEST FOR APPLICATION (RFA) - TRADITIONAL INDIAN
HEALTH EDUCATION PROGRAM(S) FISCAL YEAR 2002-2003
THROUGH FISCAL YEAR 2004-2005

The Department of Health Services (DHS), Indian Health Program (IHP) is soliciting applications to provide "Traditional Indian Health Education Programs" to Indian clinics for the period of December 1, 2002 through June 30, 2005. Please note that this RFA is for a three-year period instead of a one-year period as recommended by the American Indian Health Policy Panel (AIHPP). AIHPP is the advisory group for the IHP and DHS.

Any questions regarding this solicitation document are to be directed in writing to the IHP by following the instructions contained on page two of the enclosed RFA.

The DHS reserves the right to modify the attached solicitation document and stated schedule of events prior to the application submission deadline. If modified, an addendum will be issued to all parties requesting copies of this RFA. Please note that submission of an RFA does not assure funding. Funding awards are contingent upon funding availability and final approval from the Primary and Rural Health Care Systems Branch of the DHS.

Please refer to www.dhs.ca.gov/ihp for an online version of this RFA.

Note the application has a submission due date of October 1, 2002.



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www.consumerenergycenter.org/flex/index.html

Indian Health Program 714 P Street, Room 550, Sacramento, CA 95814
(916) 657-2771

Internet Address: <http://www.dhs.ca.gov/ihp>

Prospective Applicants
Page 2
September 6, 2002

Thank you for your interest described in this RFA

If you have any questions, please contact Mark Gustafson of my staff at
(916) 657-2771.

Sandra "Sam" Willburn, Chief
Primary and Rural Health
Care Systems Branch
Indian Health Program

Enclosure

REQUEST FOR APPLICATION

Fiscal Year 2002/2003 through Fiscal Year 2004/2005

Traditional Indian Health Education Programs



**Indian Health Program
Primary and Rural Health Care Systems Branch
Primary Care and Family Health Division
California Department of Health Services
714 P Street, Room 599
Sacramento, CA 95814**

September 2002

<http://www.dhs.ca.gov/ihp>

**California State Indian Health Program
Traditional Indian Health Education Programs
Request for Application (RFA)
FY 2002/2003 Through FY 2004/2005
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**California State Indian Health Program
Traditional Indian Health Education Programs
Request for Application
Fiscal Year 2002/2003 through Fiscal Year 2004/2005
Tentative Schedule of Events**

EVENT	2002 DATES
RFA Release Date	September 6
Deadline for Submitting RFA Questions to IHP	September 20
Application Submission Deadline	October 1
Application Review	October 1 - 10
Notice of Intent to Award	October 11
Contract Start Date	December 1

- These are estimated dates, which are subject to change.

**California State Indian Health Program (IHP)
Traditional Indian Health Education Programs
Request for Application (RFA)
Fiscal Year 2002-2003 Through Fiscal Year 2004-2005**

I. PURPOSE

This RFA announces the availability of grant funds from the Department of Health Services (DHS) to fund two **Traditional Indian Health Education Programs** that will assist Indian clinics to provide services to American Indians in a culturally competent manner. The funds will support two (2) regional (one Northern and one Southern) **Traditional Indian Health Education Programs** specific to Indian health clinics and communities with funds from the Indian Health Program appropriation.

A total of \$180,000 in funds is anticipated to be made available for the thirty-one month period from December 1, 2002 through June 30, 2005 to support BOTH regional programs sought in this (RFA). The State fiscal year (FY) begins July 1st and ends June 30th. Agencies may apply for up to \$30,000 per region for December through June of FY 2002/2003 and \$30,000 per region per year for both FY 2003/2004 and FY 2004-2005. The State reserves the right to determine the final award amount, which may be less than that requested. Funding availability is subject to the annual appropriation of funds in the State budget. The cost of developing applications is entirely the responsibility of the applying firms and shall not be chargeable to the State of California or included in any cost elements of the application.

II. BACKGROUND

The IHP is authorized by California Health and Safety Code, Sections 124575 -124595. The goal of the IHP is to improve the health status of American Indians residing in California. This is accomplished through the provision of financial and technical assistance to Indian health programs, studies of the health and health services available to American Indians and their families, and coordination with similar private and governmental programs. The California Code of Regulations, Title 17, Sections 1500 through 1507, 1520 through 1521, and Sections 1530 through 1540 set forth the regulatory framework for the IHP.

Traditional Medicine: The provision of traditional Indian medicine which includes traditional practices of Indian medicine which are native to an Indian community and which are accepted by that Indian community as handed down through the generations, and which can be established through the collective knowledge of the elders of that Indian community. Traditional Indian health services may include, but are not limited to the following:

1. Travel and related costs for medicine men and women;
2. Cultural sensitization education for project personnel.

III. FUNDING ELIGIBILITY

To qualify for funding, an Indian health program shall be administered by either a non-profit corporation organized under the laws of this State or by an Indian Tribe. The board of directors or trustees of such corporation shall be composed of a majority of Indians. (California Code of Regulations, Title 17, Section 1534).

“Indian Tribe” means any Indian Tribe, band, or nation or other organized group or community which is determined to be eligible for the special programs and services provided by the United States or State of California to Indians because of their status as Indians (California Code of Regulations, Title 17, Section 1501).

IV. PROJECT SCOPE (Scope of Work)

The goal of the two Traditional Indian Health Education Programs is to increase the capacity of Indian clinics to provide services in a culturally competent manner and to provide a forum for the Indian community to address Traditional Indian Health education. The programs will be conducted **ON A REGIONAL BASIS** as follows:

- One (1) Traditional Indian Health Education Program will be conducted in northern California to include Kern County north to the Oregon border;
- One (1) Traditional Indian Health Program will be conducted in southern California to include Kern County south to the California border;
- Traditional Indian Health Education Programs will be developed with at least bimonthly input from a Traditional Indian Health Advisory Committee composed of **no less** than five individuals knowledgeable about Native California Traditional Health Practices;
- The final report of the Traditional Indian Health Education Programs will include recommendations to the DHS American Indian Health Policy Panel.

Applicants may apply to provide one or both Traditional Indian Health Education programs. Traditional Indian Health programs may be provided in a conference or a training format.

V. MINIMUM APPLICATION REQUIREMENTS

To qualify for funding, applicants shall demonstrate administrative competency at the time of application and shall maintain throughout the term of the grant agreement:

1. Good standing with the Office of the Secretary of State and the Office of the Attorney General if a Non-profit Corporation;
2. A Board of Directors that meets regularly, is representative of the American Indian community, and functions according to their by-laws;

3. Good standing with the Bureau of Indian Affairs (if applicable for Tribal government).

VI. QUESTIONS REGARDING THIS RFA

Upon reviewing this RFA, the applicant may request clarification in writing of any questions or any problems including any ambiguity, conflict, discrepancy, omission, or any other error in this RFA. All such communications should identify the author, agency name and address, specific question or discrepancy, RFA section, page number, and other relevant information.

Written questions or comments must be received by the IHP no later than [5 p.m. on September 20, 2002](#). Written questions or comments may be submitted by mail to the mailing address listed for responding to this RFA or submitted via FAX to (916) 657-1106. Applicants may call (916) 657-2771 to confirm receipt of their FAX.

All prospective applicants sent copies of this RFA will be sent copies of any general written questions received and their respective responses.

Specific inquiries, determined to be unique to a firm or entity, will be responded to in writing or by fax to the requestor only.

If a prospective applicant fails to notify the State by the date indicated in this section of any problem or question known to an applicant, the applicant shall submit a proposal at his/her own risk.

Prospective applicants are reminded that proposals are to be developed based solely upon the information contained in this document and any written addenda issued by the State.

VII. APPLICATION REVIEW PROCESS

Each application received by IHP by the specified date and time will be reviewed for completeness and compliance with the RFA instructions. Late, incomplete or non-compliant applications may be rejected. The DHS may waive any immaterial deviation in any application. This waiver of any immaterial deviation shall not excuse an applicant from full compliance with the grant terms if a grant is awarded. The IHP reserves the right to reject any or all applications. The application review will be conducted by individuals selected by the DHS with requisite expertise and experience.

VIII. APPEAL PROCESS

Applicants not selected for funding will be notified of the denial in writing. The DHS reserves the right to reject any or all applications, as well as to make the final selection of the applicant for funding. An applicant denied funding may appeal the DHS decision. The steps of the process are identified in the following table.

STEP	RESPONSIBLE PARTY	ACTION	COMMENTS
Step 1	Appellant	Identify the grounds for the appeal	See "Grievance Procedure for Direct Service Contracts and Grants", Section 9-2350 of the Health Administrative Manual (see Attachment B). Note that there is no appeal for untimely or incomplete applications or for the amount of the award.
Step 2	Appellant	Submit a written appeal	A full and complete written appeal must be submitted. Clearly identify the issues in dispute, the legal authority, the basis for the protest and remedy sought.
Step 3	Appellant	Submit the appeal in a timely fashion	Appeals must be received no later than 15 days after date of a denial notice.
Step 4	Appellant	Direct the appeal to the appropriate person	Appeals must be directed to: Ms. Sandra Willburn, Chief Primary and Rural Health Care Systems Branch Department of Health Services Indian Health Program 714 P Street, Room 550 Sacramento, CA 95814

Step 5	Deputy Director, Primary Care and Family Health	Review and render decision	Per the “Grievance Procedure for Direct Service Contracts and Grants” outlined in 9-2350 of the Health Administrative Manual, the Deputy Director (D.D.) or representative may hold an oral hearing and render a decision based on the contents of the written appeal and the hearing. The decision of this individual is final. There is no further administrative appeal.
Step 6	IHP	Send notification of the decision	Appellants will be notified in writing of the decision regarding their appeals within twenty (20) working days after the completion of all appeal hearings.

IX. GRANT AGREEMENT AWARD PROCESS

It is the intent of the DHS to issue the award to two (2) regional successful applicants (one Northern and one Southern California). The DHS reserves the right to negotiate the budget and scope of work and not award a grant agreement if changes recommended by the IHP cannot be mutually agreed upon. Grant negotiations will commence following the completion of the appeals process. A site visit may follow. If the successful applicant fails to finalize a budget or scope of work, or if recommended changes cannot be mutually agreed upon, DHS reserves the right to withdraw the grant award or delay the start of the grant agreement term. If the grant award is withdrawn, those funds may be redirected to another applicant.

X. GENERAL INSTRUCTIONS

Read all instructions carefully. Be sure to include all of the information required in the RFA, including all attachments. Review the application checklist prior to submitting your application.

Only one application may be submitted by each entity. For the purposes of this application, entity is defined to include a parent corporation of an agency and any satellites or subcontractor(s) of that parent corporation. If an entity submits more than one application, all applications submitted by that entity will be deemed non-responsive and will be rejected from further consideration. The same subcontractor(s) may be proposed for use by more than one applicant. An entity submitting an application as a prime contractor may also be identified as a subcontractor in another firm's application.

XI. APPLICATION FORMAT

Applicants must return the following materials according to the format and instructions stated herein. Failure to follow these format instructions or failure to return the required forms and materials may deem an application non-responsive and may cause that application to be eliminated from further consideration.

- Prepare and submit one original and **one** copy (**set**) complete with attachments.
- Number each page of the application consecutively in the lower right corner of the page. This includes all pages within the application, including any inserted forms, charts or attachments. Page numbers should be continuous throughout the application.
- The format of the application should allow at least one-inch margins at top, bottom, and sides.
- The type font size is to be no less than 12 points.
- The application should be single-spaced unless otherwise instructed in this document.
- The application should not be submitted in a binder or folder; these are too cumbersome for distribution and review. Use a staple, binder clip, or other means to bind your application.
- All RFA forms and attachments, which require signatures, must be signed in blue ink for inclusion in the original application package, unless noted otherwise. Signature stamps are not acceptable. The additional application set may reflect photocopied signatures.
- Clearly indicate Indian Health Program RFA on the outside of the mailing envelope.

The complete application includes:

- *Content and required order of application narrative section (Item XII, Page 8)*
- *Required forms / documents section (Item XIII, Page 9)*
- *Budget tables section (Item XIV, Page 10).*

Following are specific instructions on how to complete each of the sections.

XII. CONTENT AND REQUIRED ORDER OF APPLICATION NARRATIVE

The narrative portion of the application must not exceed **ten (10)** pages in length, excluding the Work plan/Scope of Work sheets. Applicants choosing to attach charts, samples or other appendices, must limit such items to **five (5)** pages. Assemble and arrange each Application Narrative section in the following order:

1. **Cover page and a cover letter** signed by a person authorized to obligate your organization. If the applicant is a corporation, an official authorized by the Board of Directors to sign on behalf of the Board, must sign this cover letter.
2. **Table of Contents.** The table of contents must display appropriate page numbers for each item listed.
3. **Agency Capability.** Provide a brief history of your organization, which includes date of establishment, service area, past accomplishments and current projects. Describe your agency's qualifications to undertake the proposed work in Traditional Indian health education programs. If subcontractors will be used, identify what contributions each subcontractor will make toward the achievement of the objectives contained in this RFA beyond your agency's immediate resources. Provide examples, which demonstrate your agency's ability to perform the scope of work described in this RFA.
4. **Workplan.** This section must include full and complete descriptions of how the applicant plans to carry out the scope of work described in this RFA on page 3. The Workplan must specify what the agency is offering to do for the amount specified. Use copies of Exhibit A for this purpose. **A final report with recommendations to the American Indian Health Policy Panel is a required deliverable of this RFA.**
5. **Project Personnel.** Describe how the project will be staffed. If personnel for this project are to be funded by this grant, include, at a minimum, the number, position titles, job descriptions of staff positions to be used, salary schedules, resumes of project personnel who will exercise a major administrative or consulting role. The State reserves the right to approve changes in staffing after a grant is awarded. Identify the person(s) (e.g., project manager and/or project coordinator) who will have primary responsibility for coordinating the work activities. Describe the person's experience in managing similar projects and include his/her resume in the appendix section of the application narrative. Applicants planning to use subcontractors in the performance of the work must identify each proposed subcontractor, if known at the time of proposal submission; each known subcontractor's expertise; describe the responsibilities to be assigned to each subcontractor; and include a description of plans for overseeing the performance of subcontractors. Notwithstanding the use of any subcontractor, the applicant will ultimately be responsible for performance of all terms and conditions of the resulting contract. The State reserves the right to approve changes in subcontractor selection.
6. **Include a list of at least five Traditional Indian Health Advisory Committee members and resumes/qualification statement.**

XIII. REQUIRED FORMS / DOCUMENTS

The following forms and/or documents are to be fully completed and inserted after the application narrative section. Include these items in the order they are listed below:

- A. Board of Directors listing on the Board of Directors Information Form provided (see form attached)
- B. Authorization to Bind Corporation
- C. Copy of Clinic's Current License and/or certification (if applicable)
- D. Copy of Organizational Chart (identify personnel vacancies)
- D. Job Descriptions for project personnel funded by these grant funds
- E. Resumes of Staff and Consultants who exercise key management or consultant role
- F. Copy of current Corporate By-Laws sent to the Registry of Charitable Trusts, Office of the Attorney General, State of California, and/or Tribal Charter
- G. Non-profit Status: Submit a copy of your most recent Federal F-199 and CT2 tax forms that your program has submitted to the State/Federal tax offices. If you have submitted a Request for an Extension for Filing (i.e., Federal tax form 2758 and/or State form 3504) these forms should be submitted. If you are a Tribe and Exempt from taxation, submit a copy of the documents submitted to Federal and State tax offices
- H. Copy of most recent audit
- I. List of Traditional Indian Health Advisory Committee members with resumes/qualification statements.

XIV. BUDGET: INSTRUCTIONS FOR COMPLETING TABLES A – C

Enter your program name at the top of each table.

If necessary, add additional pages by repeating your program (Agency) name, budget table title, and next page number(s) on a blank page.

Round all amounts to whole numbers.

Please be accurate as inaccuracies may result in unnecessary delays. Check tables for accuracy by:

Adding each line item horizontally.

Adding each source of funds column vertically.

Adding horizontal total column to reach a grand total.

Adding vertical total column to reach a grand total.

(Note: the horizontal and vertical totals should agree).

Having another individual check your figures.

Unreimbursable Expenses: The DHS does not reimburse several types of expenses; therefore, the following list of expenses cannot be funded in your IHP budget:

- Purchase, renovation, or alteration of contractor owned or leased property (real estate) or facilities.
- Contract care as defined by Federal Indian Health Services Regulations.

Table A: Summary of Current Budget from all Sources (Page 21): List each funding source and the total funds awarded by personnel, operating expenses, and consultants. If your funds are not on a July to June fiscal year, please *estimate*, as close as possible, the amount for this July to June period.

Table B: Current Personnel Budget from all Sources (Page 22): List each personnel services position funded by your program. List position title (not individual name) and dollar amount per line by source of funds (State, Federal, Third Party, etc.).

Proposed IHP Budget - Table C: Line Item Budget (Pages 23 and 24): Make copies of the blank Table C to use for each fiscal year. Submit a Table C “Proposed IHP Budget” for EACH of the three fiscal years in the grant period. Agencies may apply for \$30,000 per region / per year for December through June of FY 2002/2003 and \$30,000 per region / per year for both FY 2003/2004 and FY 2004-2005. State fiscal years begin July 1st and end June 30th.

Personnel - Table C:

List position title rather than the name of the individual.

- **Column A:** The "FTE Salary Per Pay Period." Full-time Equivalent or FTE is the rate of pay an individual would earn if their time base was 100%. The figure to be entered in this column can be determined by (a) calculating the annual amount the individual would earn as a FTE, and (b) dividing this annual amount by the number of pay periods during the grant period.
- **Column B:** Indicate the "Number of Pay Periods" there will be for each of the fiscal years, e.g., 10, 12, 20, 24, etc.
- **Column C:** The "Percent of FTE" worked by the individual is based on a 40-hour workweek. This is the total time the individual works at your program regardless of funding source (see below).

<u>Hours Per Week</u>	<u>Percent of FTE</u>	<u>Hours Per Week</u>	<u>Percent of FTE</u>
4	10	24	60
8	20	28	70
12	30	32	80
16	40	36	90
20	50	40	100

- **Column D:** The "Percent Paid by This Grant." Determine the percent of annual salary that will be paid by this grant.
- **Column E:** The "Amount Requested." Columns A x B x C x D must multiply across and agree with the amount listed in this column (E).
- **Fringe Benefits** -- List fringe benefits (i.e. FICA, SUI, WC). If the "fringe benefit" rate is above 30 percent, please provide justification.

Operating Expenses - Table C:

- **Audit:** Audits shall be carried out pursuant to Health and Safety Code Sections 38040 and 38041 and shall be audits of the grantee, rather than audits of individual grants or programs. Audits shall be in accordance with OMB Circular A-133 "Single Audit Act" for contractor receiving \$300,000 or more of federal dollars. In the case of any contractor that receives less than twenty-five thousand dollars (\$25,000) per year from any state agency, the audit required by these Health and Safety Code sections shall be conducted biennially, unless there is evidence of fraud or other violation of state law in connection with the direct service contract. The cost of such audit may be included in direct service contracts up to the proportionate amount that the contract represents of the contractor's total revenue.

- **Communications:** May include telephone, postage, advertising, and answering service.
 - **General Expense:** Purchase of books, magazines, publications, and subscriptions; expendable office supplies; shipping costs; memberships and dues; expendable equipment (less than \$5,000 and/or having a life expectancy of less than one year); equipment maintenance, rental, and repair; installation costs; printing expenses; pre employment physicals.
 - **Insurance:** All types/classes of insurance including liability and malpractice.
 - **Janitorial/Maintenance Services:** Housekeeping and cleaning services, water cooler, copy machine maintenance (does not include rent), routine minor repairs for electrical, plumbing, or building facilities.
 - **Rent:** List number of square feet, cost per square foot, cost per month, and percentage of state share.
 - **Traditional Health / Medicine:** Travel and related costs for use of medicine men and women, doctoring, traditional Indian health gatherings. Educational cultural sensitization activities for non-Indian/Indian Health personnel.
 - **Travel:** Grant funded staff mileage and per diem not to exceed State Department of Personnel Administration rates.
- Mileage:** The standard rate is 34 cents per mile. The maximum private vehicle mileage reimbursement cannot exceed 34 cents per mile with written certification (on file with the employee's travel claim) that "the costs of vehicle operation were equal to or greater than the amount claimed."

Lodging (receipts required)

Travel Location / Area	Reimbursement rate
Statewide (excluding the counties identified below)	\$84.00 plus tax
Los Angeles and San Diego	\$110.00 plus tax
Alameda, San Francisco, San Mateo & Santa Clara	\$140.00 plus tax

Meals/Supplemental Expenses (with or without receipts): With receipts, the contractor will be reimbursed actual amounts spent up to the maximum.

Breakfast	\$6.00
Lunch	\$10.00
Dinner	\$18.00
Incidentals	\$6.00

Travel Reimbursement Guide

Length of travel period	This condition exists...	Allowable meals
Less than 24 hours	Travel begins at 6:00 a.m. or earlier and continues until 9:00 a.m. or later.	Breakfast
Less than 24 hours	<ul style="list-style-type: none">• Travel period ends at least one hour after the regularly scheduled workday ends, or• Travel period begins prior to or at 5:00 p.m. and continues beyond 7:00 p.m.	Dinner
24 hours	Travel period is a full 24-hour period determined by the time that the travel period begins and ends.	Breakfast, lunch, and dinner
Last fractional part of more than 24 hours	Travel period is more than 24 hours and traveler returns at or after 8:00 a.m.	Breakfast
	Travel period is more than 24 hours and traveler returns at or after 2:00 p.m.	Lunch
	Travel period is more than 24 hours and traveler returns at or after 7:00 p.m.	Dinner

- **Utilities:** Electricity, gas, water, sewer, and garbage service.
- **Vehicle Operation and Maintenance:** Minor and major clinic vehicle repair and maintenance, tires, batteries, license fees, and registration.

Capital Expenditures (Equipment) - Table C :

Equipment expenses for items with a dollar value of \$5,000 or more and a life expectancy of one year or more. Include the unit cost of each item and the total cost (number of units multiplied by the unit cost). Equipment is subject to state inventory guidelines.

Other Costs - Table C:

- **Consulting and Professional Services:** Grant-related services performed by "independent contractors" (subcontractors) as defined by Title 22, Division 2.5, Section 4304.1 (Employment Development Department) who are not employees of the grantee. Fees for audit, administrative, medical, and/or dental consultation or referral services such as laboratory and X-ray. List each consultant, the rate of dollars per hour, and the subcontract amount.

Table C: Budget Justification: The applicant must provide a Budget Justification narrative for each fiscal year budget proposed in Table C. The budget justification must identify the line item category and the amount of funding, and provide brief supporting narrative for each line item justifying the appropriateness and necessity of the cost to the achievement of project goals and objectives. For the personnel line items, the budget justification must identify each of the positions/classifications and reference the specific objectives that this position will be responsible for completing.

NOTE: The State reserves the right to determine final award amount.
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XV. MAILING ADDRESS

An original and one (1) copy of the application and budget must be received by mail or in person by 5:00 p.m. on **October 1, 2002** at the following address:

**Department of Health Services
Indian Health Program
714 P Street, Room 550
Sacramento, CA 95814**

XVI. APPLICATION CHECKLIST

The following documents must be submitted to be considered a complete application.

Application Narrative

- Application Cover Page and Cover Letter
- Table of Contents
- Agency Capability Statement
- Work Plan, Exhibit A (make separate copies for FY02/03, FY03/04, FY04/05)
- Project Personnel Description
- Attachments:
 - Board of Directors listing on the Board of Directors Information Form provided (see form attached)
 - Authorization to Bind Corporation
 - Copy of Clinic's Current License and/or certification (if applicable)
 - Copy of Organizational Chart (identify personnel vacancies)
 - Job Descriptions for project personnel funded by these grant funds
 - Resumes of Staff and Consultants who exercise key management or consultant role
 - List of Traditional Indian Health Advisory Committee members with resumes/qualification statements.
 - Copy of current Corporate By Laws sent to the Registry of Charitable Trusts, Office of the Attorney General, State of California, and/or Tribal Charter
 - Non-profit Status: Submit a copy of your most recent Federal F-199 and CT2 tax forms that your program has submitted to the State/Federal tax offices. If you have submitted a Request for an Extension for Filing (i.e., Federal tax form 2758 and/or State form 3504) these forms should be submitted. If you are a Tribe and Exempt from taxation, submit a copy of the documents submitted to Federal and State tax offices
 - Copy of most recent audit

Budget Section

Table A	Summary of Current Budget from all Sources
Table B	Current Personnel Line Item Budget from all Sources
Table C	Proposed IHP budgets with justifications for FY 2002-2003 through FY 2004-2005

REMINDER: Prepare and submit one original application and **one** copy complete with attachments.

XVII. GRANTEE REQUIREMENTS

Agencies awarded funds from the IHP must comply with the following requirements:

1. Comply with all provisions of the grant including, but not limited to, provisions of the quality and quantity of the direct and subcontracted services specified to the population(s) targeted.
2. Notify the State Indian Health Program within 72 hours regarding any situation that would substantially alter the grantee's ability to comply with grant obligations.
3. Comply with all reporting requirements described in the grant agreement.
4. Participate in relevant evaluation and monitoring activities as determined by the State to identify levels of grant compliance and need for consultation/technical assistance.
5. Participate in technical assistance activities identified as needed by the state including, but not limited to, workshops, conferences, individual assistance, etc.
6. Assure that community and/or clients participate in the development of policies and procedures on an ongoing basis (through their governing Board of Directors).
7. Carry out the provisions of the grant and ensure that all subcontractors carry out the provisions of the grant in the most cost-effective and cost-efficient manner possible.
8. Comply with, and ensure all subcontractors comply with all governmental laws and regulations appropriate to the operation of a primary health care program.
9. Provide services in a culturally competent manner.

California State Indian Health Program (IHP)

Fiscal Year 2002/2003 through Fiscal Year 2004/2005

Traditional Indian Health Education Funds Proposal - Cover Page 1

1. Agency Name:		Funding Amount Requested:
2. Board Chairperson: _____ (Please Type or Print Name Above)		Signature:
		Date:
Program Administrator: _____ (Please Type or Print Name Above)		Signature:
E-mail:	Date:	
Fiscal Officer: _____ (Please Type or Print Name Above)		Signature:
E-mail:	Date:	
3. Main Clinic Address:		
Located on Reservation / Rancheria: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Days & Hours of Operation: _____		
<input type="checkbox"/> State Licensed <input type="checkbox"/> Medi-Cal Certified		
Services Provided:		
Telephone No.:		Fax No.:
County(s) Served:		

California State Indian Health Program (IHP)

Fiscal Year 2002/2003 through Fiscal Year 2004/2005

Traditional Indian Health Education Funds Proposal - Cover Page 2

4. Additional Site(s) of Services (Use additional pages if necessary)

Address:	
Located on Reservation / Rancheria: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Days & Hours of Operation:	
<input type="checkbox"/> State Licensed <input type="checkbox"/> Medi-Cal Certified	
Services Provided:	
Telephone No.:	Fax No.:
County(s) Served:	

5. Agency is a: ☐ Public Law 94-437 contractor ☐ Public Law 93-638 contractor

6. Corporate fiscal year dates:

7. Anticipated date of next fiscal audit:

8. Please indicate governance structure:

_____ Community Nonprofit Board as filed with the Secretary of State / Attorney General
_____ Tribally Authorized Charter for Health Program
_____ Tribal Council Self Governance

Board of Directors Information Form (Attach additional pages if needed)

Board Member Address / Telephone Number	Elective Position and Employer	Tribal Affiliation	Specific Day / Month / Year Term Commences & Expires

(Agency's Name)

**TABLE A - Traditional Indian Health Education
SUMMARY OF
CURRENT BUDGET FROM ALL SOURCES
(As of September 2002)**

FUNDING SOURCE (Include Medi-Cal and Other Third Party Revenues)	SUBTOTALS			TOTALS
	Personnel	Operating Expenses	Consultants	
SUMMARY TOTALS	\$	\$	\$	\$

Grand Total

(Agency's Name)

Indian Health Program

TABLE B - Traditional Indian Health Education
CURRENT PERSONNEL LINE ITEM BUDGET FROM ALL SOURCES
(As of September 2002)

BUDGET CATEGORY PERSONNEL SERVICES	SOURCE OF FUNDS				TOTALS
	State (Specify)	Federal	County	Third Party (Specify)	
TOTAL SALARIES	\$	\$	\$	\$	\$

Grand Total

(Agency's Name)

TABLE C - PAGE 1 (Traditional Indian Health Education)**PROPOSED IHP BUDGET (FISCAL YEAR - ☐ 2002/2003 ☐ 2003/2004 ☐ 2004/2005)****Funds available per region: FY 2002-2003 \$30,000; FY 2003-2004 \$30,000; FY 2004-2005 \$30,000****PERSONNEL**PAY PERIOD (CHECK ONE) ☐ Biweekly (26) ☐ Semimonthly (24) ☐ Monthly (12)

POSITION TITLE	(A) FTE Salary Per Pay Period	(B) No. of Pay Periods	(C) % of FTE	(D) % Paid by this Grant	(E) Amount Requested A x B x C x D

TOTAL SALARIES

FRINGE BENEFITS (_____ % of Personnel Costs used [average])

FICA @ _____ %

SUI @ _____ %

WC @ _____ %

TOTAL FRINGE BENEFITS

TOTAL Personnel Services \$**OPERATING EXPENSES**

Audit	
Communications	
General Expenses	
Insurance	
Janitorial and Maintenance Services	
Rent (_____ sq. ft. x \$ _____ sq. ft. / mo. = \$ _____ / mo. X _____ mos. X _____ % / State Share)	
Technical Supplies	
Traditional Health / Medicine	
Travel	
Utilities	
Vehicle Operation and Maintenance	
TOTAL Operating Expenses \$	

(Agency's Name)

TABLE C - PAGE 2 (Traditional Indian Health Education)			
PROPOSED IHP BUDGET (FISCAL YEAR - <input type="checkbox"/> 2002/2003 <input type="checkbox"/> 2003/2004 <input type="checkbox"/> 2004/2005)			
Funds available per region: FY 2002-2003 \$30,000; FY 2003-2004 \$30,000; FY 2004-2005 \$30,000			
CAPITAL EXPENDITURES			
Equipment (List detail below)			
(A) Quantity	Description	(B) Unit Cost	(A x B) TOTAL COST
TOTAL Capital Expenditures			\$
OTHER COSTS			
Computer Hardware			
Computer Software			
Consulting and Professional Services Total (see breakdown below)			
Subcontractor's Name and Title	Rate of Dollars Per Hour	Total Subcontract Amount	
TOTAL Other Costs			\$
TOTAL BUDGET			\$

AUTHORIZATION TO BIND CORPORATION AND INVOICE APPROVAL FORM

The Board of Directors of the _____

in a duly executed meeting held on _____

and where a quorum was present, resolved to authorize:

Signature: _____

Date: _____

Name: _____
(Type/Print)

Title: _____

Signature: _____

Date: _____

Name: _____
(Type/Print)

Title: _____

Signature: _____

Date: _____

Name: _____
(Type/Print)

Title: _____

to negotiate and sign State Indian Health Program grant and any invoices that may result.

The undersigned hereby affirms he/she is a duly authorized officer of the Corporation and that the statements contained in this document are true and complete to the best of his/her knowledge. The undersigned further affirms that the applicant accepts, as a condition of the Grant, the obligation to comply with the applicable State and Federal requirements, policies, standards and regulations. The undersigned further affirms that the funds shall be used for Traditional Indian Health Education services. The undersigned recognizes that this is a public document and is open to public inspection.

Signature: _____ **Date:** _____
(Corporate Officer's Signature)

Name: _____ Title: _____
(Type/Print)

Form Completion Instructions: At least two persons must be authorized to sign agency invoices. A current authorization form must be kept on file with the State Indian Health Program. If any changes in this authorization occur, the clinic must notify the State Indian Health Program within ten (10) working days in writing. Additional copies of this form are available at <http://www.dhs.ca.gov/ihp>.

All signatures must be in blue ink

Attachment "A" - Work Plan
Traditional Indian Health Education
Fiscal Year: ☐ 2002/2003 ☐ 2003/2004 ☐ 2004/2005

Applicant:

GOAL:

Measurable Objectives	Implementation Activities	Timeline	Method(s) of Evaluating Process and/or Outcome of Objectives

Note: Include a separate Exhibit "A" Work Plan for each fiscal year of the three-year grant period. (Make copies of form as needed for each year).

Attachment B

HEALTH ADMINISTRATIVE MANUAL JANUARY 2002

GRIEVANCE PROCEDURE FOR DIRECT SERVICE CONTRACTS AND GRANTS 9-2350

Per [HSC Section 38036](#), DHS has established a grievance procedure for resolving disputes arising from direct service contracts. The Office of Legal Services will, if requested, provide information, consultation, and advice at any stage of a grievance.

HEALTH ADMINISTRATIVE MANUAL CONTRACTS

The grievance procedure consists of two parts: [Part I pertains to applicants](#) and [Part II pertains to contractors and grantees](#). Contractors/grantees or applicants may select a personal representative, including an attorney, to assist in the preparation and presentation of a grievance under either Part I or Part II of the grievance procedure.

Part I – Applicant 9-2350.1

A grievance exists when an applicant believes there is a dispute arising from the Department's action in awarding or failing to award a direct service contract or grant. Grievable situations include actions to continue or failure to continue the agreement into a new contract cycle and actions to terminate an existing agreement prior to the stated expiration date.

First Level – Applicant 9-2350.2

Within 15 working days of notification of an alleged action by the Department, the applicant must direct the grievance together with any evidence, in writing, to the chief of the branch under which the action occurred. The grievance must state the issues in dispute, the legal authority or other basis for the applicant's position, and the remedy sought. The Branch Chief or designee must respond to an applicant's appeal within 20 working days of receipt of the grievance and a hearing must be scheduled, conducted and a decision rendered by the Department within 60 working days of the filing of the grievance by the applicant.

Second Level – Applicant 9-2350.3

To seek a second level review, the applicant must prepare an appeal indicating why the first level decision is unacceptable, attaching to it the appellant's original statement of the dispute with supporting documents and a copy of first level decision. The applicant shall send the appeal to the chief of the division in which the section is organized within ten working days of receiving the first level decision. The Division Chief or designee shall meet with the applicant to review the issues raised. A written decision signed by the Division Chief or designee shall be returned to the applicant within 20 working days of the filing of the second level appeal.

Part II — Contractor/Grantee Grievance 9-2350.4

A contractor or grantee grievance exists when a contractor or grantee believes there is a dispute arising from the Department's action in the administration of a **direct services contract or grant**, excluding those disputes specified in [Part I](#), above.

First Level - Contractor/Grantee 9-2350.5

The contractor or grantee shall first discuss the problem informally with the program contract administrator within the Department. If the problem cannot be resolved at this level, the contractor or grantee shall direct its grievance together with any evidence, in writing, to the program Branch Chief.

HEALTH ADMINISTRATIVE MANUAL CONTRACTS

The grievance shall state the issues in dispute, the legal authority or other basis for the contractor's position, and the remedy sought. The Branch Chief shall make a determination on the problem within ten working days after receipt of the written communication from the contractor/grantee. The Branch Chief shall respond in writing to the contractor or grantee indicating the decision and reasons therefor. Should the contractor or grantee disagree with the Branch Chief's decision, the decision may be appealed to the second level.

Second Level - Contractor/Grantee 9-2350.6

The contractor or grantee shall prepare a letter indicating the reasons for disagreement with the Branch Chief's decision. The contractor or grantee shall include with the letter a copy of the original dispute, any supporting documents, and a copy of the Branch Chief's response. This letter shall be sent to the Deputy Director of the division in which the branch is organized within the ten working days from receipt of the Branch Chief's decision. The Deputy Director or designee shall meet with the contractor or grantee to review the issues raised. A written decision signed by the division Deputy Director or designee shall be returned to the contractor or grantee within 20 working days of receipt of the contractor's letter.

Final Appeal Process 9-2350.7

If a contractor or grantee (not a contract or grant applicant) wishes to appeal the decision of the division Deputy Director or designee, the procedures set forth in [HSC Section 38050](#) and the regulations adopted there under shall be followed. Disputes arising out of contracts other than those identified above, such as an audit or examination of the contract, shall pursue an appeal pursuant to the procedures identified in [Title 22, California Code of Regulations, Section 51015 et seq.](#)